

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	09/457,771
<b>Filing Date</b>	December 9, 1999
<b>First Named Inventor</b>	Emanuele, R. Martin
<b>Title</b>	THERAPEUTIC DELIVERY COMPOSITIONS AND METHODS OF USE THEREFOR
<b>Art Unit</b>	1635
<b>Examiner Name</b>	Richard A. Schnizer
<b>Attorney Docket Number</b>	026482-001510US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the Customer Number:

**66950**

OR



Practitioner(s) named below:

Name	Registration Number

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I am the:



Applicant/Inventor.



Assignee of record of the entire interest.. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

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Title and Company

General Counsel - CytRx Corporation

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 1 forms are submitted.